



SANDRA SHEWRY  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



ARNOLD SCHWARZENEGGER  
Governor

## REQUEST TO CHANGE NAME AND/OR ADDRESS

**Please update the Radiologic Health Branch records to reflect my current name and address as follows:**

CERTIFICATE/PERMIT NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **PREVIOUS NAME AND ADDRESS:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

### **CURRENT NAME AND ADDRESS:**

(Please note: Name changes will be verified with the California Department of Motor Vehicles or U.S. Social Security Administration.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

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For DHS/RHB Use Only:

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_